

(No proof copies, plastic ID, or digital computer images are acceptable)

10. Pre-Pharmacy Education:

Name and Location of College Attended

Period of Attendance (show dates)

---

---

---

11. Internship:

I have had \_\_\_\_\_ hours of approved Internship under the supervision of a Pharmacist:

NAME AND ADDRESS OF PHARMACY

FROM

TO

PHARMACIST PRECEPTOR

---

---

---

---

Intern Certificate/Registration Number \_\_\_\_\_ State \_\_\_\_\_

The Board shall not allow credit for Internship unless such can be corroborated by records on file in the Board Office. Interns having served all or part of their time in a Pharmacy outside the Commonwealth of Kentucky shall be given credit for the internship, when affidavit(s) of employment is made by the Preceptor showing the exact time and dates served, and when the internship is attested to by the Pharmacy Board of that state. In such cases, the requirements must be comparable and acceptable to the Kentucky Board. Internship Affidavits are available from the Board Office and will be sent upon request. If all Internship has been previously accepted by the Kentucky Board, additional affidavits are not necessary.

12. Have any charges involving moral turpitude or violation of pharmacy, liquor, or drug laws ever been made against you? \_\_\_\_\_  
If yes, give details: \_\_\_\_\_

---

---

13. Have you ever failed or been refused an examination by any State Board of Pharmacy? \_\_\_\_\_  
If yes, give details: \_\_\_\_\_

---

---

14. Have you ever been refused licensure by any State Board of Pharmacy? \_\_\_\_\_  
If yes, give details: \_\_\_\_\_

---

---

15. Have you ever had a Certification of Registration as a Pharmacist suspended, probated, or revoked by any State Board of Pharmacy? \_\_\_\_\_ If yes, give details: \_\_\_\_\_

---

---

16. Have you ever been convicted of a misdemeanor? \_\_\_\_\_ A felony? \_\_\_\_\_  
If yes, give details: \_\_\_\_\_

---

---

(If additional space is needed for details, please attach separate sheet)

I certify that the statements contained in this application are true, complete, and correct, and I agree that the statements shall form the basis of my application and I do authorize the Kentucky Board of Pharmacy to make any investigations that they deem appropriate and to secure any additional information concerning me, and I further authorize them to furnish any information they may now or in the future have concerning me to any person, corporation, institution, association, Board or any municipal, county, state, or federal governmental agencies or units, and that I understand according to the Kentucky Revised Statutes a Pharmacist's License may be revoked or suspended for presenting any false, fraudulent, or forged statement, certificate, diploma, or other thing, in connection with an application for a license or permit.

Signature in Full \_\_\_\_\_

I hereby certify that the above application was signed, subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(Seal)

Signature \_\_\_\_\_

My commission expires \_\_\_\_\_

State of \_\_\_\_\_

**This certificate of moral character must be signed by a person of good standing in the community in which the applicant resides.**

I, \_\_\_\_\_ of \_\_\_\_\_ do say that the applicant herein named, has been personally known to me for \_\_\_\_\_ years, that my acquaintance with the applicant throughout that period has been sufficiently intimate to afford me ample opportunity to become fully informed as to the applicant's moral character and habits, that the applicant is not addicted to the use of alcoholic liquors or drugs so as to render the applicant unfit to practice Pharmacy, that the applicant is of good moral character and that I recommend the applicant, so far as character and habits are concerned, as worthy to be licensed to practice Pharmacy in Kentucky.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Occupation)

### CERTIFICATION OF COLLEGE GRADUATION

**[To be executed by the Dean of the College of Pharmacy where the applicant attended Pharmacy School]**

This is to certify that \_\_\_\_\_  
was in regular attendance at \_\_\_\_\_

From \_\_\_\_\_  
From \_\_\_\_\_  
From \_\_\_\_\_  
From \_\_\_\_\_  
From \_\_\_\_\_

To \_\_\_\_\_  
To \_\_\_\_\_  
To \_\_\_\_\_  
To \_\_\_\_\_  
To \_\_\_\_\_

(Please show exact dates – month, day, and year)

and that a certificate of graduation with the degree of \_\_\_\_\_  
was conferred on \_\_\_\_\_.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

**(SEAL)**

*The Kentucky Board of Pharmacy does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services and provides, upon request, reasonable accommodation, including auxiliary aids and services, necessary to afford individuals with disabilities an equal opportunity to participate in all programs and activities. Contact the Board for assistance.*